Sacramento City Unified School District

Early Learning and Care

**Student Study Team Meeting Summary**

Check one: Initial SST 2nd (Follow-up) SST 3rd (Follow-up) SST

1. **Student Information**

| **Today’s Date** | **Student Name** | | | **Sex** | **Teacher** | | | **School** | | **Birthdate** | | **Age** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  | | |  | |  | |  | |
| Primary Language: |  | | | | Previous SST’s/Reviews: | | |  | | | | | |
| Programs: | Foster Child | Homeless | ELL | | | Speech |  | | SpEd | | 504 | | Other: |

1. **Strengths:** Include strengths at school (academic, social, interests) and at home (family supports, community, and interests):

Home:

School:

1. **Areas of Concern:** Include academic, emotional, health, social and home concerns

Home:

School:

1. **Student History**

| **Health** | | **Assessment Data (Most Current)** | |
| --- | --- | --- | --- |
| Was Pregnancy & birth typical: Yes No | If Complications, please describe: | ASQ SE-2: | Referral Cutoff:  Child score: |
|  | |
| Developmental milestones met: Walking Talking Toileting | |
| Health concerns: Hearing Vision Dental Sleep | | ASQ 3 Developmental: |  |
| Chronic conditions: | Current medications: |
| Does student have health insurance? Yes No | Type of insurance: |
| **Family & Home** | | | |
| **Family members (in or out of the home)**: | | # of Absences: |  |
| **History of schools attended (include preschool)**: | |
| **English Language Learner?** Yes No |  | # of Tardies |  |
| Other: | |

1. **Prior Interventions**

| **Intervention** | **Time Frame** | **Goal** | **Outcome** |
| --- | --- | --- | --- |
|  | From       to |  |  |

1. **Action Plan**

| **Intervention/Accommodation** | **Start Date** | **Person Responsible** | **Expected Outcome** | **Review Date** | **New Action?** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |
|  |  |  |  |  |  |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |

1. **Follow-up Date** (schedule within 4-8 weeks):
2. **Team Members**

| **Title** | **Name** | **Signature** |
| --- | --- | --- |
| 1. Parent/Guardian #1 |  |  |
| 1. Parent/Guardian #2 |  |  |
| 1. Admin |  |  |
| 1. Referring Teacher |  |  |
| 1. Clinician |  |  |
| 6. Social Work Intern |  |  |
| 7. Instructional Aide |  |  |